

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	<i>1212</i>	<i>11/17/99</i>
O.I.P.E. CLASSIFIER		<i>65</i>	<i>11 23 99</i>
FORMALITY REVIEW	<i>QSS</i>	<i>65685</i>	<i>11 30 99</i>

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 - (Through numeral) - Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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46	✓	✓	✓
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49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

(1 FET INSIDE)

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